

## 6 Objective

Effective January 1, 2021, AIM will manage radiology and cardiology reviews for Healthy Blue membership through a program called the Sleep Studies. Our objective today is to help you understand what this means to you and your practice.

## Agenda Agenda

- Introduction to AIM Specialty Health
- Sleep overview
- Preparing for the Sleep
- AIM *ProviderPortal<sub>SM</sub>* Order Request Demonstration
- Additional AIM ProviderPortal Features
- Questions



## AIM delivers clinical programs across all 50 states



Founded: 1989 Chicago, IL

54<sub>M</sub>

COVERED LIVES

**70** 

PAYERS IN 50 STATES

40%

FORTUNE 50 COMPANIES

 $\sim 11$  M

CASE REVIEWS PER YEAR









150+

PHYSICIAN REVIEWERS IN 20+ SPECIALTIES 60+

INDEPENDENT SUBJECT MATTER EXPERTS **76**%

ONLINE CASE INITIATION

1,500

PEER-TO-PEER
CONSULTATIONS
CONDUCTED DAILY



## Our multispecialty team of physicians assures clinical credibility



ROBERT MANDEL Chief Medical Officer



STACY BAN Medical Director, Oncology



CHRIS BUCKLE Medical Director, Radiology



VARSHA CHANDRAMOULI Vice President, Clinical Operations



JENNIFER ECKLUND Associate Medical Director, Government Programs



MICHAEL J. FISCH Medical Director, Medical Oncology Programs and Genetics



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THOMAS P.
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Director, Cardiology
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THIEL
Senior Vice President,
Clinical Programs



RICHARD VALDESUSO Senior Medical Director, Musculoskeletal



ROBERT ZIMMERMAN Medical Director, Radiation Oncology





## Sleep overview



## Services requiring preauthorization

### **Sleep Therapy Testing and Treatment Services Included:**

- In-lab sleep study
  - Polysomnography (PSG)
- Multiple Sleep Latency Testing (MSLT)
- Maintenance of Wakefulness Testing (MWT)
- Titration Study

- Initial treatment orders and supplies (APAP, CPAP, BPAP)
- Ongoing treatment orders and supplies (APAP, CPAP, BPAP)
- Oral appliances





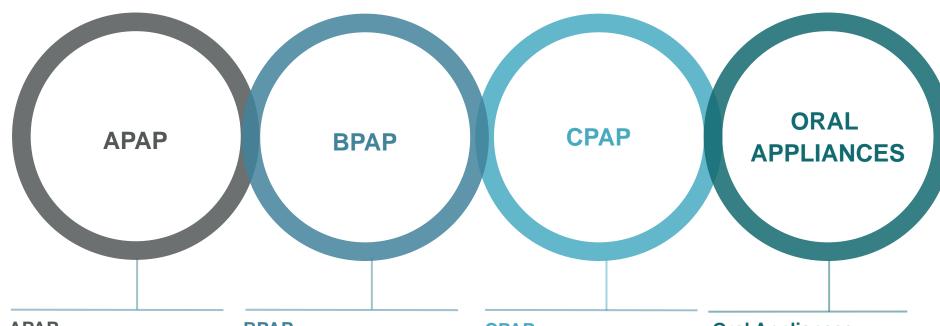
### Features of the AIM Sleep program

### **Differentiating features:**

- Direct patients to appropriate testing level or site
- Monitor and manage patient treatment compliance:
  - Ensures compliant members receive ongoing treatment supplies avoiding wasted resources on those who are non-compliant
  - We have a direct data feed from PAP machine manufacturers to confirm compliance
- The health plan may receive list of patients with untreated OSA and/or not in compliance with approved diagnostic testing



### Treatment options available based on patient clinical conditions



#### **APAP**

Automatically titrates airflow and represents lower cost option

#### **BPAP**

Uses variable levels of air pressure instead of continuous pressure

#### **CPAP**

Requires additional titration study to identify appropriate airflow pressure

### **Oral Appliances**

May keep the tongue or mandible forward. Only appropriate for mild or moderate cases and after PAP treatment failed



## Increasing treatment plan compliance leads to better outcomes



Over 50% of patients stop using PAP treatment within the first year

Poor compliance exposes patients to health risks that contribute to higher cost of care from chronic conditions



Smart track modems and wireless compliance monitoring systems track PAP usage.

Providers must enter tracking data to prove patient compliance prior to the authorization of treatment continuation of supplies

If a patient is compliance with treatment, supplies will automatically be authorized by AIM



# We leverage technology to access member compliance data for ongoing treatment



DME provider uploads data from patient device

Compliance date is securely stored "in the cloud".

Private health information is protected

AIM accesses data to verify compliance



## Settings requiring preauthorization



### **Included setting:**

Outpatient services (e.g., office, outpatient hospital)

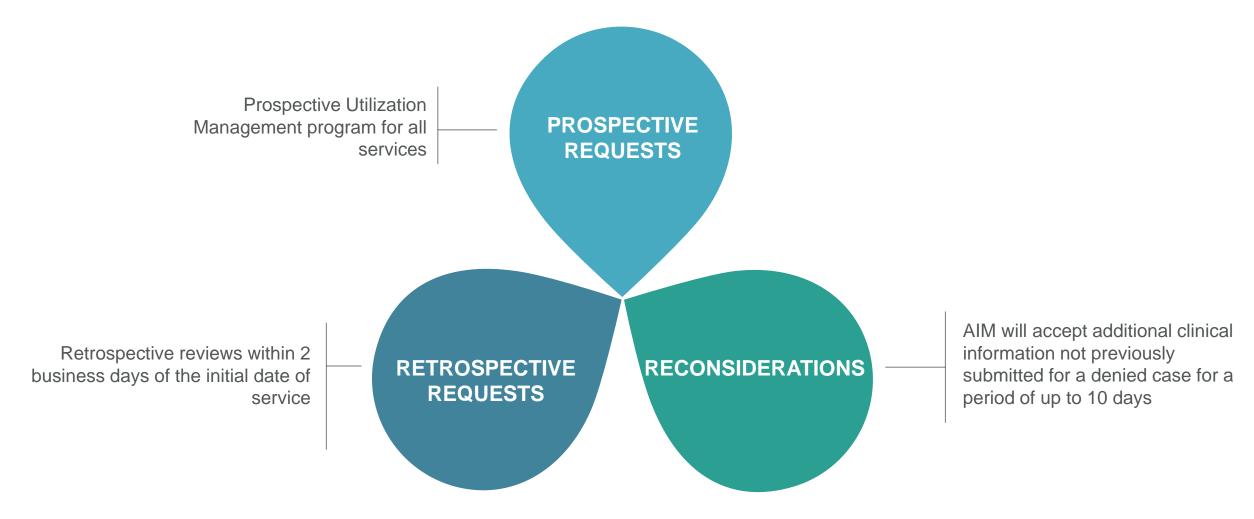


### **Excluded setting:**

- Hospital inpatient
- Studies performed as part of ER/observations visit
- Urgent care facility



## Ordering and servicing\* provider initiated requests



<sup>\*</sup>Facility Based sleep testing providers, and DME providers are allowed to initiate orders on behalf of the ordering physician.



## Provider initiated requests

Dentists will be restricted from initiating order requests. They will be designated as a servicing provider for oral appliances.



Ordering physicians are allowed to restart treatment after a period of non-compliance.

Servicing providers are not allowed to restart a treatment



### Clinical review steps

1 Case intake 2 Case review

**Submission captured** 

through our online **Provider**Portal<sub>SM</sub>
or directly with a referral specialist within one of our call centers

Member and ordering provider demographics

Clinical case information

Capture servicing provider/facility demographics

Requests are reviewed in real time against clinical appropriateness adjudication against AIM clinical guidelines

3 Education and intervention

Peer-to-peer discussion if previous adjudication indicated that case does not meet clinical criteria 4 Case closure

Document final review outcome

Messaging of final review outcome to provider

Extract case information to health plan

5 Additional review options

Pre-service reconsiderations



## How long is a preauthorization valid?

## Order numbers are valid for 60, 90, or 365 calendar days

THE TIMEFRAME IS DEPENDENT ON THE SLEEP STUDY, TITRATION STUDY, OR EQUIPMENT SUPPLIES SELECTED WITHIN THE CASE

#### VALID TIMEFRAME EXAMPLE

- Sleep study test is valid for 60 days.
- Treatment and supplies are valid for 90 days for the first year and then 365 days starting on year 2

### **RENT-TO-OWN PERIOD**

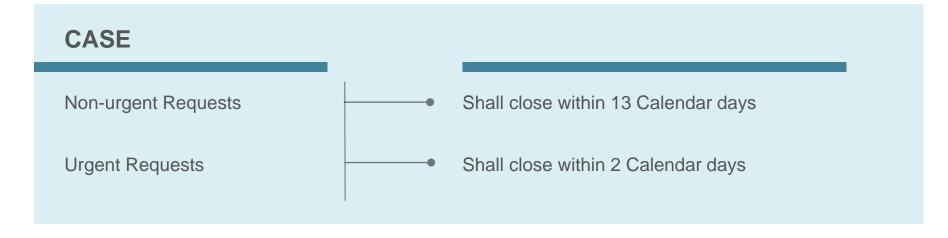
 Commercial and Medicaid members rent-to-own period is 10 months/310 days



### AIM closes most cases within 24 hours



### Case turn around times







## **Preparing for the Sleep Program**



### Healthy Blue program start date





Contact center and **Provider**Portal will be available beginning on 12/21/2020 for preauthorization requests with dates of service rendered on or after 1/1/2021



## Which Healthy Blue members need preauthorization through AIM?



# Included lines of business (products):

Healthy Blue



# Excluded lines of business (products):

- Commercial
- Medicare

Please contact the health plan to verify preauthorization requirements for members who are not found within the AIM system.

If the health plan confirms eligibility, they may contact AIM to have the member manually added into the AIM system.



## Submitting an order request



### **Provider**Portal

- Register at <u>www.providerportal.com</u>
- Available 24 hours/day, 7 days/week except for maintenance on Sundays from 12-6 pm CT
- SSO through EPA for out-of-state providers (Blue plans only)
- ProviderPortal support team: (800) 252-2021
- AIM clinical guidelines available on *ProviderPortal*



### **AIM** contact center

- Dedicated toll-free number: (855)574-6479
- Contact center hours: Monday Friday 7AM 7PM CST
- Voicemail messages received after business hours will be responded to the next business day



<sup>\*</sup> AIM call center is closed on the following holidays: Thanksgiving Day, the day after Thanksgiving, Christmas Day, New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, and Labor Day.

## Order request check list

## All order requests will require:

- Member first and last name and date of birth
- Ordering provider first and last name
- Servicing provider name
- Member's history and physical notes

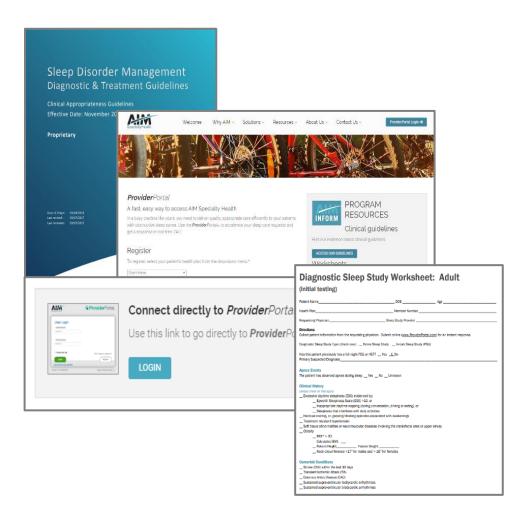
## Information will vary based on order request:

- ☐ Signs and Symptoms
- ☐ Sleep study history
- Member's comorbid conditions
- Follow-up diagnostic study information

AIM Sleep Solution order request worksheets are available for download at <a href="https://aimspecialtyhealth.com/providerportal-sleep/">https://aimspecialtyhealth.com/providerportal-sleep/</a>



### Provider microsite



### Providers can visit the microsite for:

- > Clinical guidelines
- > Worksheets
- > Connect directly to AIM *ProviderPortal*

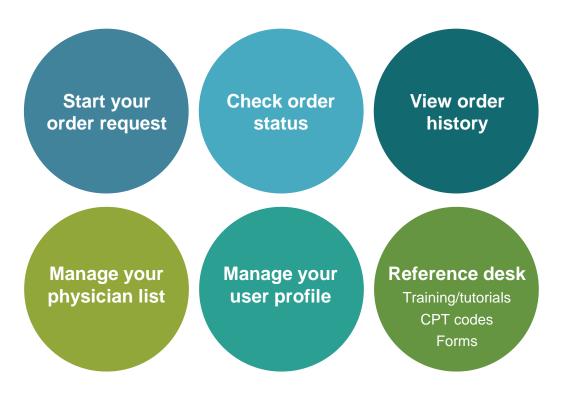


Look for these items at www.aimspecialtyhealth.com/providerportal-sleep/



## ProviderPortal highlights

### **Provider**Portal modules

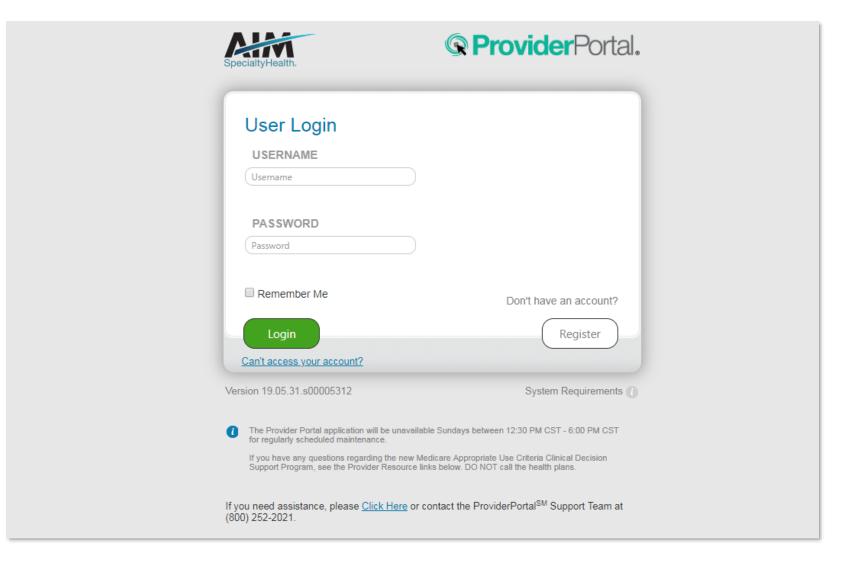


### ProviderPortal access and registration

- Register at AIM via <u>www.providerportal.com</u>
- Select your User Role
- Enter User Name and Password
- Enter value for unique key (I.e. TIN, NPI)
- If prompted, enter PIN (233-83169-83169)
- Check your inbox for an email from AIM



### ProviderPortal login/registration



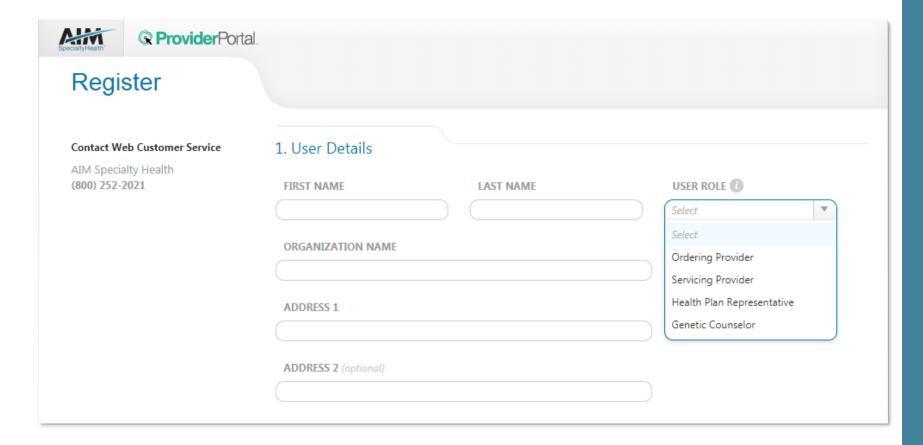
If you are registered with the AIM *ProviderPortal*, log in with your existing user account

or

Click the "**Register**" button to begin your registration process if you are a new user



### ProviderPortal registration



Enter your name & practice information to begin registering

Select the applicable user role type, scroll down to continue...



### ProviderPortal registration

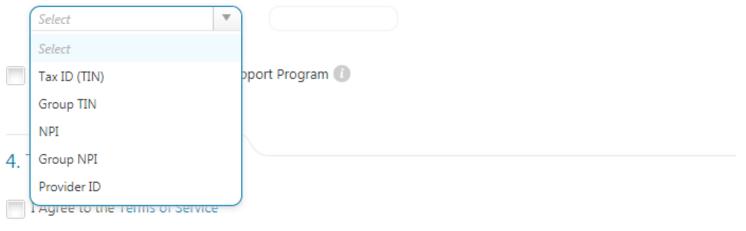
### 3. Application Selection

Select the applications you will need to access.

📝 Health Plan Utilization Review Programs 🕕



### PROVIDER IDENTIFIER (1)



Enter your practice's Group identifier. E.g. TIN

Select the type of ID you will be using to register from the drop down list.

Then type in the number in the following field.



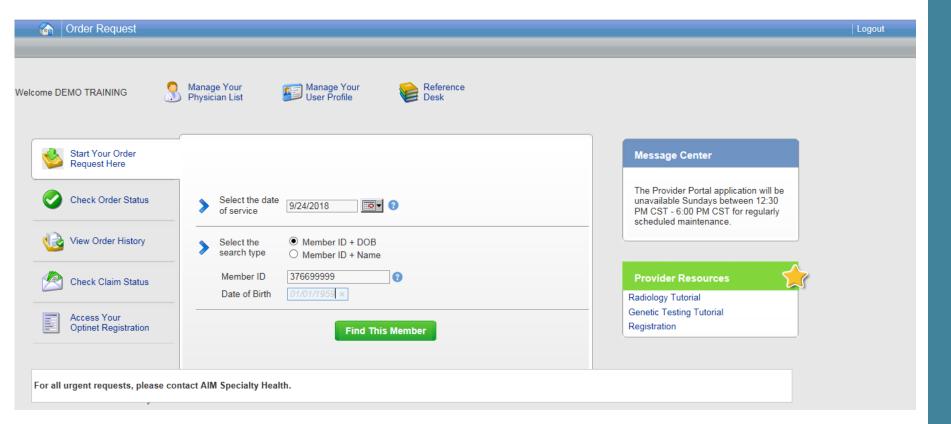


# **Provider**Portal order request demonstration

NOTE: Actual member and provider data will not be used in this presentation



## ProviderPortal Home Page



## To create a preauthorization request:

- 1. Enter the "Date of Service"
- 2. Provide the following member information:

Member ID and Date of Birth

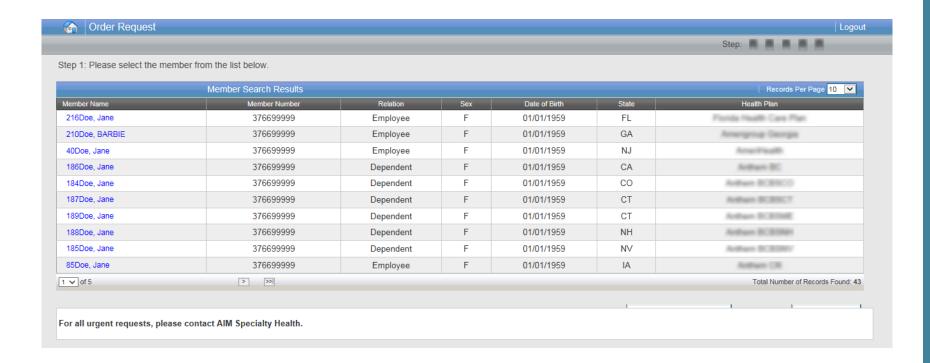
Or

Member ID and Name

3. Next, chose "Find this Member" to search for your member.



### Member search results

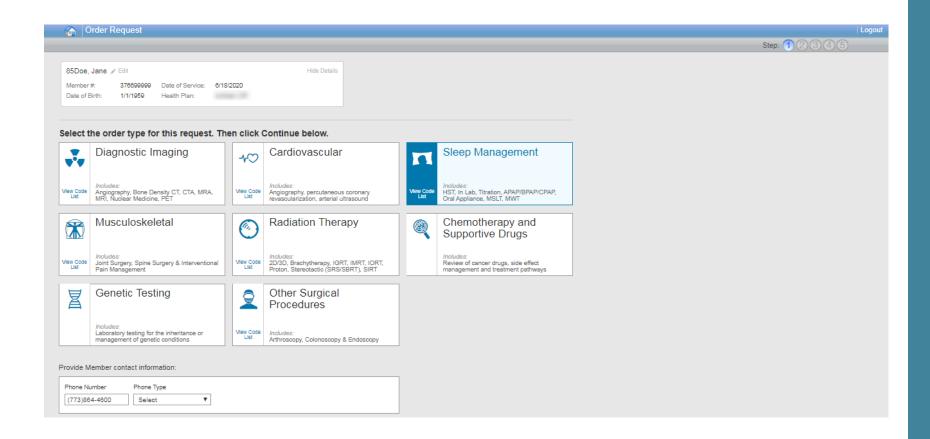


Select your member from the search results by clicking on the **member name**.

If your member does not appear in the results, you can change your criteria and search again using the "Change member search criteria" button.



### Order type selection

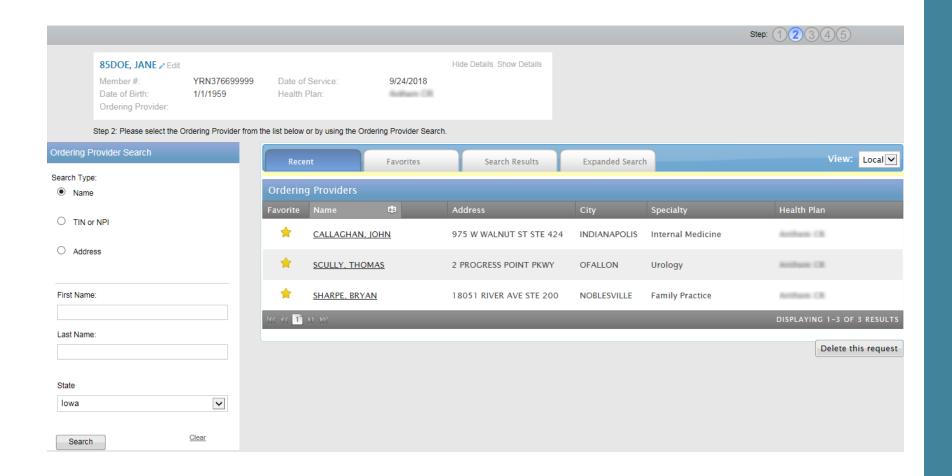


On the order type screen, select "Sleep Management" and then select the "Continue" button.

Note: only programs that are currently managed by AIM for the selected member will display on the order type selection screen.



## Ordering provider selection



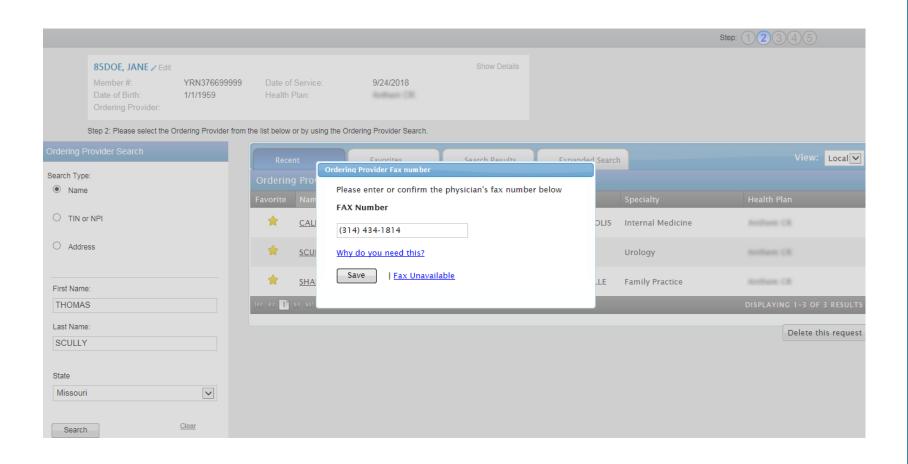
Select the ordering provider by clicking on the physician's name

Ordering providers that are associated with group identifier (e.g. TIN, NPI, etc). in the user's registration will be available for selection

For practices with multiple providers, establishing "Favorites" will allow for increased intake efficiency



## Ordering provider fax confirmation



Enter the fax number to be used when communicating the outcome of an adverse determination (denial) case

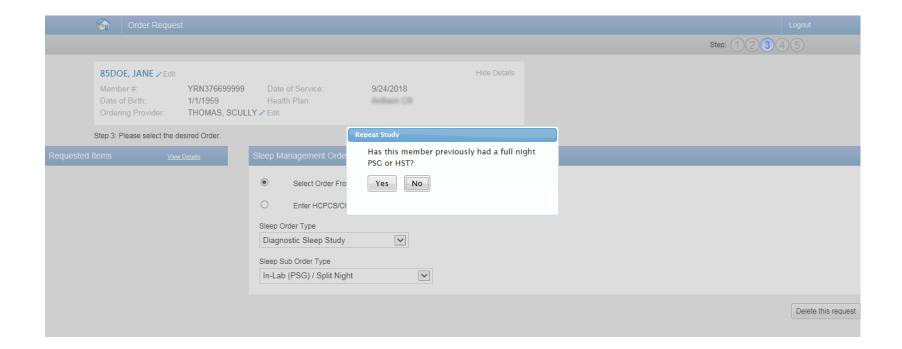
or

If a fax number was previously entered for the provider, confirm the number is correct

Press the "Save" button to continue.



### Clinical service selection



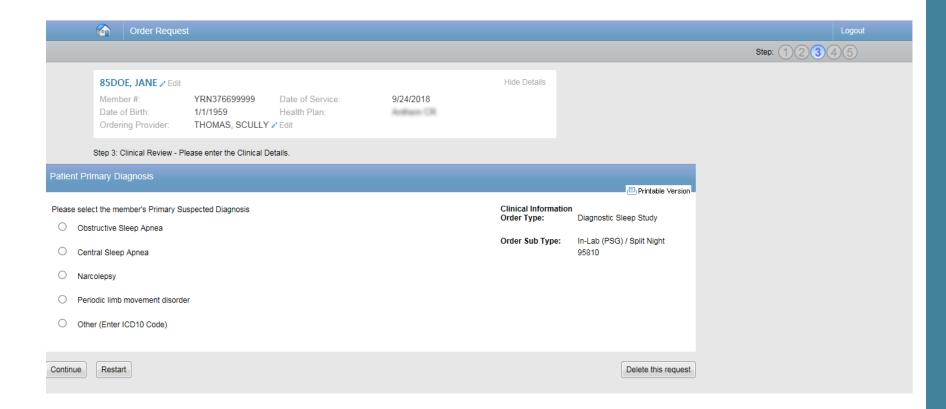
Select the **Order** from the dropdown list below or enter the HCPCS/CPT code.

You may be prompted with additional questions based on the Order Type and Sub-Type selected.

Once selected, you will proceed to the next question.



## Clinical diagnosis selection

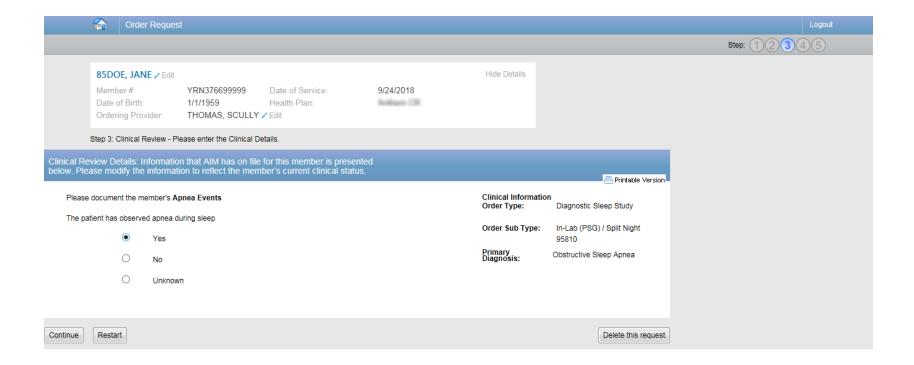


Identify the patient's primary suspected diagnosis. You may do this by selecting one of the radial buttons.

Select the "Continue" button in the lower left corner to proceed.



## Additional clinical detail entry

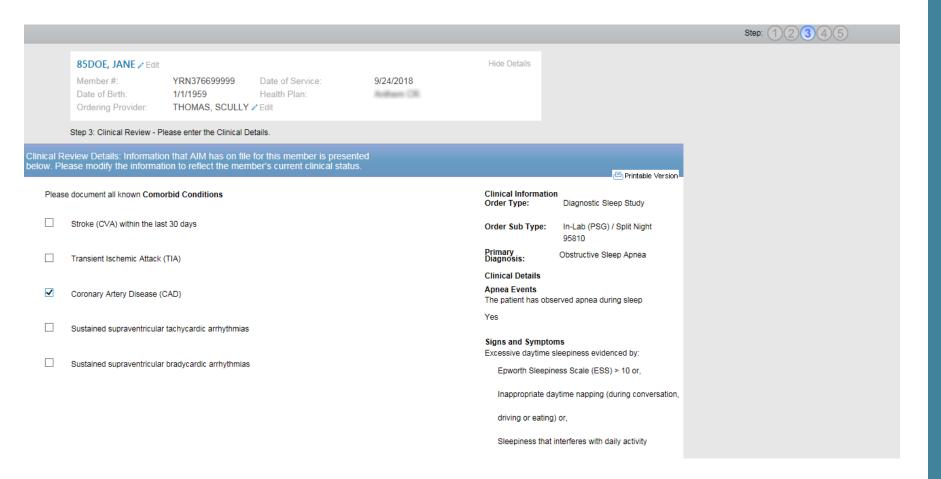


Answer the question regarding the member's **condition**/ **events.** 

Select "Continue" to go on to the next question.



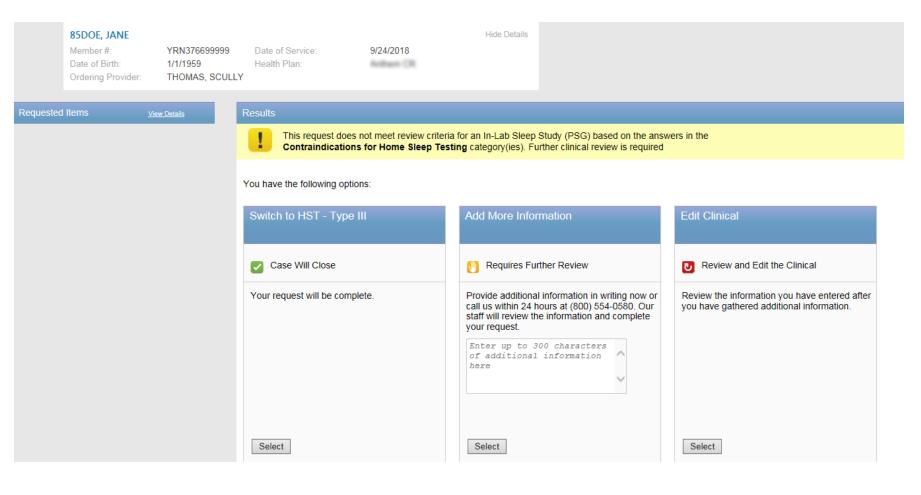
### Additional clinical detail entry



When the clinical information entered does not meet clinical guidelines for the exam requested, you will receive the **Feedback** screen.



#### Review results feedback based on clinical entry



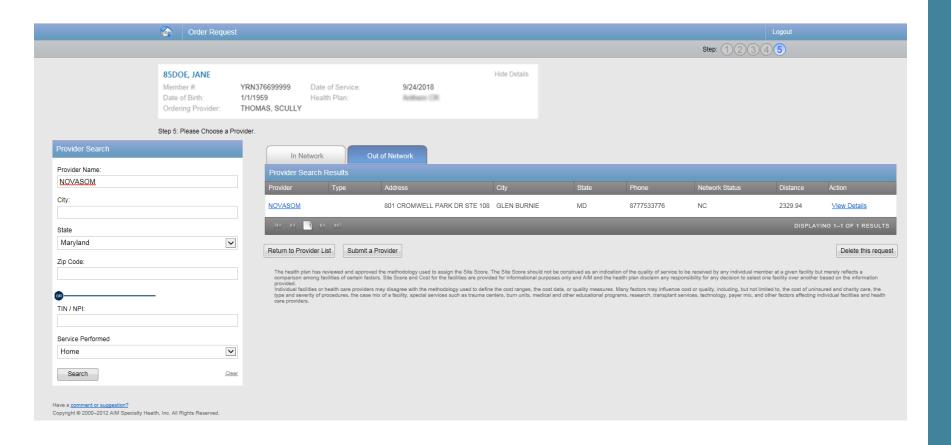
Depending on if the order request meets criteria or not, the clinical feedback screen will provide you with various options to select from.

Below are some of the options you may be presented:

- Switch to a more appropriate test/study
- Supply additional information
- Edit the clinical information previously entered
- Close the case and an order number will be issued.



#### Servicing provider selection

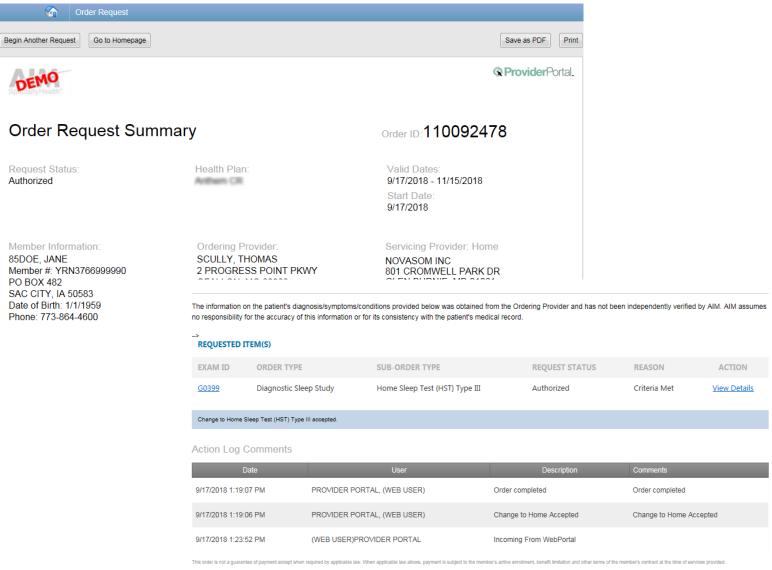


Select the servicing provider where the test / study will performed.

Choose a provider in the list or use "Find a Provider" button to search for additional providers.



#### Order request summary



The order has now been submitted.

Requests that meet clinical criteria will be receive an immediate response with an Order number and authorization valid timeframe.

If the request does not meet criteria, your request will be sent for clinical review. You can contact AIM to discuss your request at any time.

You can "Print" or "Save to a PDF" to include in the patient's chart.

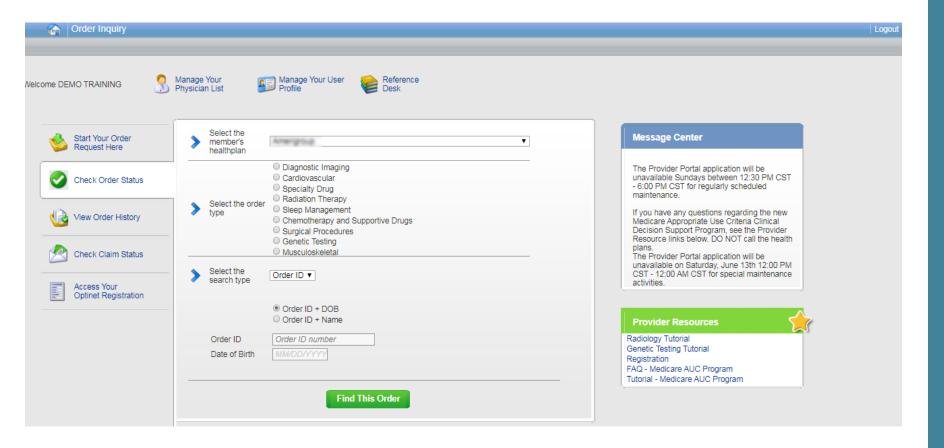




# Additional *ProviderPortal* features



#### How to check an order status



Existing orders can be viewed from the "Check Order Status" tab

Select the member's **health plan** 

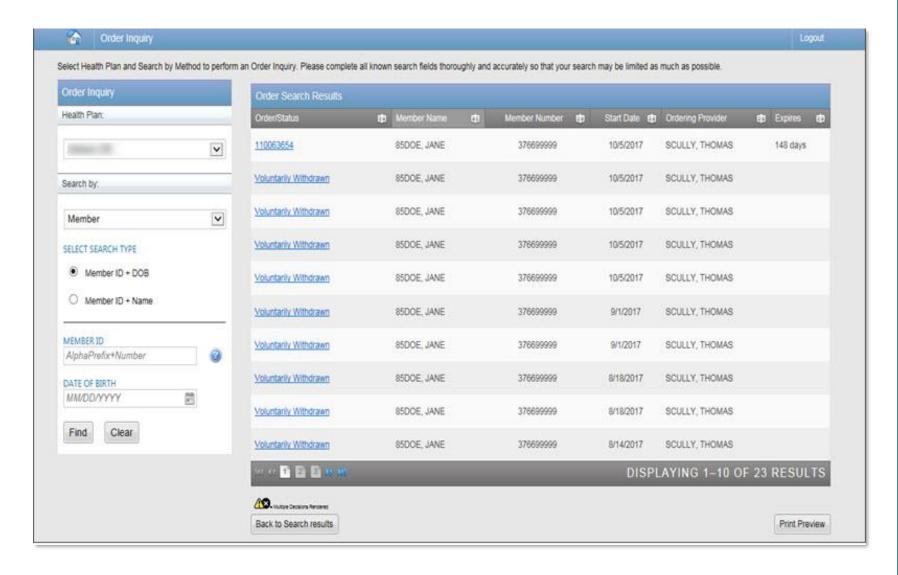
Select the "Order Type"

Enter either the Order # or the Member ID # and Name/DOB

Press the "Find This Order" button.



#### How to check an order status



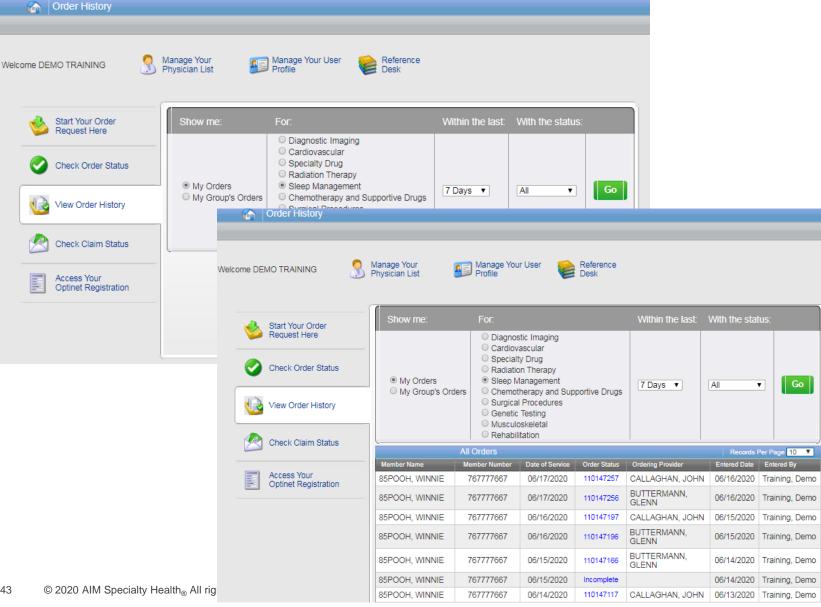
All orders that have been processed for the member will be listed in the **Order Search Results** page

Click on the hyperlink in the **Order/Status** column to see detailed data for any individual order.

The Order Request Summary will display upon selecting the Order/Status.



#### How to view order history



View Order History provides access to orders that have been entered in the past 90 days

Select the desired timeframe from the Within the last X days.

Select from With the Status, the type of orders you wish to view, e.g. in progress or incomplete orders.

Press the "Go" button



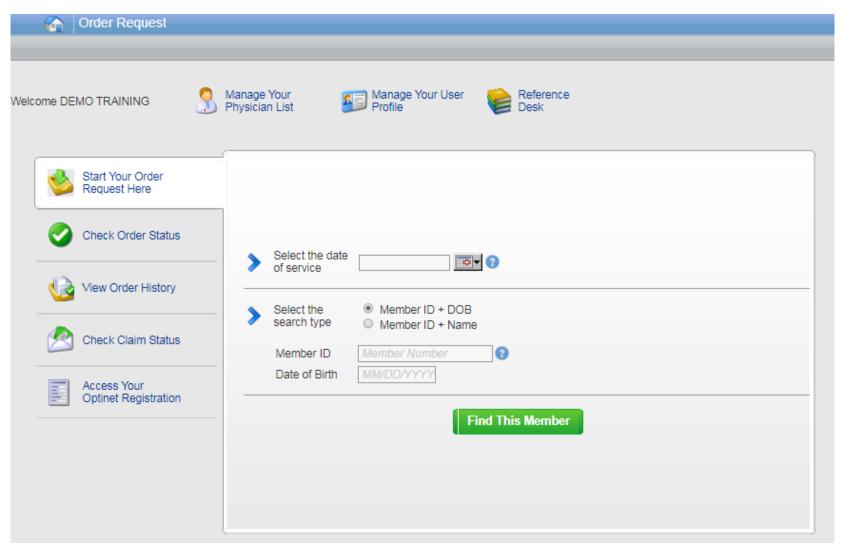
#### Reference Desk



Training Tutorials, Clinical Guidelines, and CPT Codes included in the program are located within the Reference Desk



## Adding a health plan to an existing user account

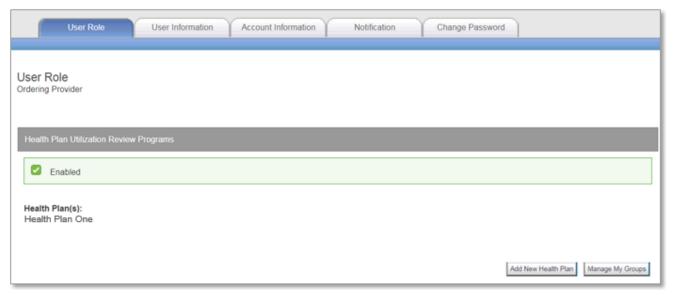


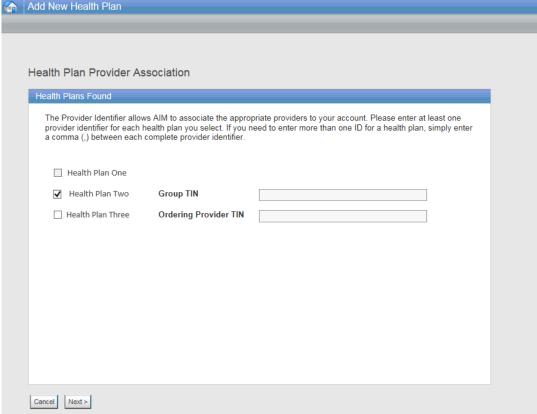
Associating multiple health plans to one user login account

- 1. Select "Manage Your User Profile" on the home page
- 2. In the User Role tab, select "Add a New Health Plan"
- 3. Select the new health plan to associate to your login account and enter at least one identifier to associate with that health plan (e.g. TIN, NPI, etc.)



#### Adding a health plan to an existing user account







#### Viewing CPT codes included in the program

















HCPCS Details		
Code	Description	Category
A4604	Tubing with heating element	APAP (Automatic Positive Airway Pressure)
A7027	Combination Oral/Nasal Mask used with positive airway pressure device, each	APAP (Automatic Positive Airway Pressure)
A7028	Oral Cushion, Replacement for Combination Oral/Nasal Mask, each	APAP (Automatic Positive Airway Pressure)
A7029	Nasal Pillows, Replacement for Combination Oral/Nasal Mask, pair	APAP (Automatic Positive Airway Pressure)
A7030	Full Face Mask used with positive airway pressure device, each	APAP (Automatic Positive Airway Pressure)
A7031	Face Mask Cushion, Replacement for Full Face Mask	APAP (Automatic Positive Airway Pressure)
A7032	Replacement Cushion for Nasal Application Device	APAP (Automatic Positive Airway Pressure)
A7033	Replacement Pillows for Nasal Application Device, pair	APAP (Automatic Positive Airway Pressure)
A7034	Nasal Interface (mask or cannula type), used with positive airway pressure device, with/without head strap	APAP (Automatic Positive Airway Pressure)
A7035	Headgear	APAP (Automatic Positive Airway Pressure)
1 ▼ of 26	> 39	Total Number of Records Found: 2

- 1. Select "Reference Desk" from the home page.
- 2. Select "Sleep Management HCPCS Codes".
- 3. Within the view CPT Codes, select the "Health Plan" name, and "year".
- 4. Click "Find".
- 5. Use the arrows to view the multiple pages of included CPT codes.



#### Reminders

Come to AIM for Sleep Preauthorization Requests

#### How to Check Eligibility

Call Customer Service # on the back of the member's ID card

Submitting Preauthorization via *ProviderPortal* 

Submit on a real time basis eliminating the need to call AIM; 24/7/365

### Facility Location Changes

Preauths are location specific, so make sure to update the authorization if the location changes

## What if the Valid Timeframe has Expired?

Contact AIM and reference the Preauthorization ID





# AIM conducts a provider satisfaction survey annually in December.

Please be sure to participate!



#### **Questions?**



**Sleep Management Program provider website:** 

www.aimspecialtyhealth.com/providerportal-sleep/

\* AIM Specialty Health is an independent company providing some utilization review services on behalf of Healthy Blue.

Healthy Blue is the trade name of Community Care Health Plan of Nebraska, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

BNEPEC-0142-20 October 2020 State approval: 09/30/2020

